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APPLICANTS

Robert M. Geffken, Burlington, VT;

William T. Motsiff, Essex Junction, VT;

** CONTINUING DATA ***** NONE *dher*** FOREIGN APPLICATIONS ***** NONE *dher*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>dher</i>		

ADDRESS

029505
 DELIO & PETERSON, LLC
 121 WHITNEY AVENUE
 NEW HAVEN, CT
 06510

TITLE

ADJUSTABLE SELF-ALIGNED AIR GAP DIELECTRIC FOR LOW CAPACITANCE WIRING

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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